

1270

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH			State File No. <u>3</u>		Registered No. <u>35</u>	
County <u>Apache</u>			State <u>Arizona</u>		or Village	
District <u>of Amity</u>			City		No. (If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>John Alfred Norton</u>			St.		Ward	
(a) Residence No.			(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred <u>48</u> yrs. <u>0</u> mos. <u>0</u> ds.			How long in U. S. if of foreign birth?		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widower</u>	16. DATE OF DEATH (month, day, and year) <u>Mar 8th 1930</u>			17. I HEREBY CERTIFY, I attended deceased from <u>died without medical attention</u> that last saw him alive on <u>19</u> and that death occurred, on the date stated above, at <u>9:15 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Probably old age</u>
5a. If married, widowed, or divorced HUSBAND of <u>Widowed</u> (or) WIFE of			6. DATE OF BIRTH (month, day and year) <u>Dec 18-1842</u>			(duration) yrs. mos. ds.
7. AGE <u>87</u> Years <u>2</u> Months <u>18</u> Days	IF LESS than 1 day hrs. or mos.		CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.			18. Where was disease contracted If not at place of death? and an operation precede death? <u>no</u> Date of Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>none</u> (Signed) <u>H. A. Nichols</u> M. D. <u>Asst. Co. Health Officer</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Retired</u> (c) Name of employer			9. BIRTHPLACE (city or town) <u>Mississippi</u> (State or country)			* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
10. NAME OF FATHER <u>John Alfred Norton</u>			11. BIRTHPLACE OF FATHER <u>Dont know</u> (State or country)			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Eagar Ariz</u>
12. MAIDEN NAME OF MOTHER <u>Dont know</u>			13. BIRTHPLACE OF MOTHER <u>Dont know</u> (State or country)			DATE OF BURIAL <u>Mar 9th 1930</u>
14. Informant <u>John B. Norton</u> (Address) <u>Eagar Ariz</u>			20. UNDERTAKER <u>Friends</u>			ADDRESS
15. Filed <u>Mar 9 1930</u> <u>H. A. Nichols</u> Registrar.						